

QUARTERLY REMITTANCE STUB Q2

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **JUNE 15, 2016**

Name and Address

ACCOUNT #

SOCIAL SECURITY #

TO:

**CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777**



CHARGE CARD INFORMATION

Check One: ☐ ☐

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

QUARTERLY REMITTANCE STUB Q3

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **SEPTEMBER 15, 2016**

Name and Address

ACCOUNT #

SOCIAL SECURITY #

TO:

**CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777**



CHARGE CARD INFORMATION

Check One: ☐ ☐

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____

QUARTERLY REMITTANCE STUB Q4

PAYMENT AMOUNT \$

Declaration of Estimated Tax

Quarterly Due: **DECEMBER 15, 2016**

Name and Address

ACCOUNT #

SOCIAL SECURITY #

TO:

**CITY OF LEBANON
INCOME TAX DEPARTMENT
50 S. BROADWAY
LEBANON, OHIO 45036-1777**



CHARGE CARD INFORMATION

Check One: ☐ ☐

Card # (16 digits) _____

Exp. Date _____

Total Amount Authorized \$ _____

Signature _____

Daytime Phone # (_____) _____